



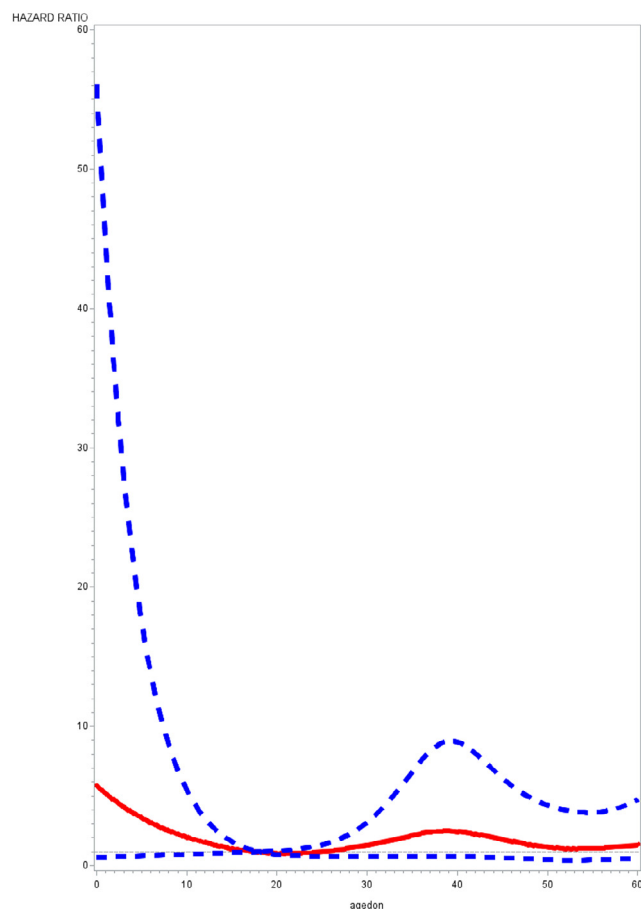
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national registry Cristal. Recipient characteristics at transplant in addition to donor characteristics were analyzed. 1-year posttransplant survival was estimated by the Kaplan-Meier method. Cubic spline model was used to evaluate the association between donor age as continuous variable and 1-year posttransplant mortality.

Results: Of the 121 transplant recipients (55 males, 11+ years n=110, cystic fibrosis n=76, pulmonary fibrosis n=28, pulmonary hypertension n=14, bronchiectasis n=3) 21 were on extracorporeal membrane oxygenation (ECMO), 4 on mechanical ventilation without ECMO at transplant. Among donors, 76 were female, cerebrovascular accident and head trauma were the cause of death in 60 and 35 respectively, 17 had PaO₂/FiO₂ ratio <350 mmHg, 56 were CMV-positive, 40 had cardiopulmonary resuscitation and 96 (79%) were >17 years old. One-year posttransplant survival was 82%. Pretransplant ECMO and mechanical ventilation without ECMO, and donor-recipient height ratio >1.2 were associated with post-transplant mortality. Donor age was not associated with hazard ratio for 1-year mortality (Figure).

Conclusion: Allocation of adult donor lungs to elective and urgent pediatric candidates through pediatric priority status can address the shortage of pediatric donor organs without affecting posttransplant outcomes.



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WITHDRAWN

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Lung Transplantation in HIV Patients

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Purpose: Limited published data exist on outcomes related to lung transplantation (LTx) in human immunodeficiency virus (HIV)-infected individuals.

Methods: We conducted a multicenter retrospective study of LTx in HIV-infected patients and describe key transplant- and HIV-related outcomes.

Results: We identified 22 HIV-infected LTx recipients across 25 transplant centers from 2007 through 2021. At transplantation, mean age was 53 [46 - 59] years, 55% were male. Two (9%) patients had an history of previous opportunistic infection and AIDS status. Pretransplant CD4 T cell count was 514 [351 - 670] cell/mm³ and RNA viral load was negative in all patients and their values did not change significantly post operatively. Due to calcineurin inhibitor interactions, 3 (15%) patients required an antiretroviral regimen change before LTx. Main indications for LTx were pulmonary arterial hypertension in 7 (32%), fibrosis in 5 (23%) and cystic fibrosis in 3 (14%). LTx procedure was predominantly bilateral-lung transplantation (91%). Immunosuppression was giving according to local protocols including induction in 7 (32%) patients. During first post-LTx year, acute cellular rejection, antibody-mediated rejection, and infections requiring hospitalization occurred in 7 (37%), 2 (11%) and 8 (40%), respectively. During the median [range] follow-up of 25 [0.1-172] months, 26% and 14% of patients developed chronic lung allograft dysfunction and malignancy, respectively. Posttransplant survival rates after 1, 3, and 5 years were 79%, 79%, and 79%, respectively. At last news evaluation, 59% of the patients were fully active and independent.

Conclusion: Apart from early infection rates, survival rates and post-operative outcome were similar to their HIV-uninfected LTx recipients. At last follow-up, more than half of the patients had near-normal functional status.

(1329)

Outcomes After Lung or Combined Heart Lung Transplantation for PAH and CTEPH According to Baseline Kidney Function

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Purpose: Decreased renal function is often considered as a contraindication for lung (LTX) or combined heart-lung (HLTX) transplantation due to poorer prognosis and risk of further decline due to nephrotoxic medication. Severe pulmonary hypertension (PH) may decrease renal function because of low cardiac output and renal congestion, which may be reversible with transplantation. We aimed to assess whether pre-transplant kidney function is a predictor for mortality or need for renal replacement therapy (RRT) and evaluated the evolution of renal function after LTX or HLTX in PH patients.

Methods: We conducted a retrospective study in 68 consecutive patients diagnosed with PAH, chronic thromboembolic pulmonary hypertension (CTEPH) or PAH due to congenital heart disease who had undergone LTX or HLTX in our center between 1996 and 2019. 3 year survival according to pre-transplant kidney function was evaluated using the Kaplan-Meier